	•	PART B	- FEE(S) TRA	ANSMITTAL :	- ,	
Complete and send this form, together with applicable fee(s), to: Mail				~~		
			or <u>Fax</u>	(703) 746-4000	mra 22313-1430	
INSTRUCTIONS: This fo appropriate. All further con indicated unless corrected maintenance fee notification	delow of directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a)	E FEE and PUBL ders and notification specifying a new	ICATION FEE (if request of minimenance fees correspondence address	ired). Blocks 1 through 5 will be mailed to the curren; and/or (b) indicating a sep	should be completed where t correspondence address as serate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 27774 7590 03/26/2007				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
MAYER & WILLIAMS PC 251 NORTH AVENUE WEST 2ND FLOOR WESTFIELD, NJ 07090				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
				Beth Shadmi (Ocpositor's name)		
						(Signature)
				S/23/2007 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVENT		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,082	10/675,082 09/30/2003		John A. Grie	go	BSC-176DV	5078
TITLE OF INVENTION:						
DELIVERING MATERI	AL TO A PATIENT					
APPLN. TYPE	SMALL ENTITY	ISSUE F	3E	PUBLICATION PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700	08/26/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS	1	
BOUCHELLE, LAURA A			3 60	4-082000	_	
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list						
CFR 1.363).				of up to 3 registered patent attorneys 1 Mayer & Williams PC		
Address form PTO/SB/122) attached. (2) the name o			a single firm (having as a member a 2 Keum J. Park Esq.			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached, Use of a Customer Number is required. (2) Ite name of a 5 registered aborney 1 registered aborney 2 registered aborney 1 listed, no name will				ley or agent) and the nan mit attorneys or agents. If will be printed.	no name is 3	
			HE PATENT (prin	nt or type)		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Boston Scientific Scimed, Inc. Maple Grove, MN						
Please check the appropriate	e assignce category or catego	ries (will not be pri	inted on the patent)	: 🗖 Individual 🖾 C	corporation or other private g	roup entity Government
4a. The following fce(s) are enclosed: 4b. Payment of Fcc(s):						
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form F						
				hereby authorized by charge the required fee(s), or credit any overpayment, to		
			Deposit Account	Number 50-104	7 (enclose an extra	copy of this form).
	(from status indicated above MALL ENTITY status. See		☐ b. Applicant is	no longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the lss ublication Fee (if required) ords of the United States Pat	vill not be accepted and Trademark	tion Fee (if any) or i from anyone othe Office.	to re-apply any previous r than the applicant; a reg	y paid issue fee to the applic pistered attorney or agent; or	ation identified above. the assignee or other party in
Authorized Signature Sauh				Date_//	ay 23, 200	7
Typed or printed name Keum J. Pack				Registration	No. 42,059	
This collection of informati	on is required by 37 CPR 1.3	11. The informatio	n is required to obt	ain or retain a benefit by	the public which is to file (a	nd by the USPTO to process)
an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virginia 2,223	oncy is governed by 35 U.S.C pplication form to the USPT is for reducing this burden, signia 22313-1450. DO NOT	. 122 and 37 CFR O. Time will vary nould be sent to the SEND FEES OR C	1.14. This collection depending upon the Chief Information COMPLETED FOR	n is estimated to take 12 to individual case. Any c to Officer, U.S. Patent and LMS TO THIS ADDRES	the public which is to file (a minutes to complete, includ omments on the amount of i Trademark Office, U.S. De S. SEND TO: Commissione	ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,

Fax:908-518-7795

The sulthing this Bo Al-

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1

1